



General Assembly

February Session, 2010

Amendment

LCO No. 5490

HB0530005490HDO

Offered by:

REP. FONTANA, 87th Dist.

REP. RITTER, 38th Dist.

REP. WALKER, 93rd Dist.

SEN. CRISCO, 17th Dist.

SEN. DOYLE, 9th Dist.

SEN. HARRIS, 5th Dist.

To: House Bill No. 5300

File No. 218

Cal. No. 132

"AN ACT CONCERNING HOSPITAL CHARGES FOR UNINSURED PATIENTS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subdivision (4) of subsection (b) of section 38a-1041 of
4 the general statutes is repealed and the following is substituted in lieu
5 thereof (*Effective from passage*):

6 (4) Assist consumers with the filing of complaints and appeals,
7 including filing appeals with a managed care organization's internal
8 appeal or grievance process and the external appeal process
9 established under section 38a-478n. The Office of the Healthcare
10 Advocate shall refer, on a quarterly basis to the division of the
11 Insurance Department that reviews consumer and market conduct
12 matters, any complaints received by the Office of the Healthcare
13 Advocate that are determined by said office to include an allegation of

14 misconduct by or a violation of the insurance laws of this state by an
15 entity regulated by the Insurance Department;

16 Sec. 2. Section 38a-1041 of the general statutes is amended by adding
17 subsection (g) as follows (*Effective from passage*):

18 (NEW) (g) The Office of the Healthcare Advocate is designated as
19 the state's independent health insurance ombudsman for the purposes
20 of the Patient Protection and Affordable Care Act, P.L. 111-148, as
21 amended from time to time.

22 Sec. 3. (*Effective from passage*) There is established a temporary high
23 risk pool program in the state in accordance with the Patient Protection
24 and Affordable Care Act, P.L. 111-148. The Health Reinsurance
25 Association, as established under section 38a-556 of the general
26 statutes, may enter into contracts with the United States Department of
27 Health and Human Services, federal or state agencies, including the
28 Department of Social Services, or other federal or state authorities to
29 perform administrative services in connection with such temporary
30 high risk pool. Such temporary high risk pool shall be separate from
31 any other health care plan or pool offered or administered by the
32 Health Reinsurance Association.

33 Sec. 4. (NEW) (*Effective from passage*) The Commissioner of Social
34 Services, in consultation with the Commissioner of Public Health, shall
35 take such action as necessary to meet the qualification criteria
36 established pursuant to Section 4201 of the American Recovery and
37 Reinvestment Act of 2009, P.L. 111-5 to obtain (1) matching funds for
38 the Department of Social Services' administrative planning activities
39 related to health information technology; and (2) incentive payments
40 for hospitals and eligible professionals who are meaningful electronic
41 health record users as described in said act. The Commissioner of
42 Social Services shall disburse any federal incentive funds for hospitals
43 and eligible professionals, that the commissioner receives pursuant to
44 this section, to each hospital and eligible professional.

45 Sec. 5. (NEW) (*Effective from passage*) The Commissioner of Social

46 Services shall amend the Medicaid state plan to include services
47 identified in Section 2303 of the Patient Protection and Affordable Care
48 Act, P.L. 111-148 under the Medicaid program for individuals who are
49 not otherwise eligible for Medicaid services.

50 Sec. 6. (*Effective from passage*) On or before January 1, 2011, the
51 Commissioner of Social Services may evaluate the election of optional
52 home and community-based services under the Medicaid plan that are
53 available pursuant to the Patient Protection and Affordable Care Act,
54 P.L. 111-148 and will allow the state to qualify for an enhanced federal
55 medical assistance percentage.

56 Sec. 7. (NEW) (*Effective from passage*) The Sustinet Health
57 Partnership board of directors, or its successor, and the Commissioner
58 of Public Health, in consultation with the Commissioner of Social
59 Services and the Insurance Commissioner, shall each identify and track
60 federal grant and funding opportunities created pursuant to the
61 Patient Protection and Affordable Care Act, P.L. 111-148 and the
62 Health Care and Education Reconciliation Act, P.L. 111-152. Not later
63 than July 1, 2010, and every six months thereafter through July 1, 2015,
64 the Commissioner of Public Health and the board of directors shall
65 each submit a written status report, in accordance with the provisions
66 of section 11-4a of the general statutes, to the joint standing committees
67 of the General Assembly having cognizance of matters relating to
68 public health, human services, insurance and appropriations and the
69 budgets of state agencies. The status report shall include, but not be
70 limited to: (1) A list and description of the grant and funding
71 opportunities that the state is eligible to apply for; (2) whether the state
72 applied for eligible grant or funding opportunities; and (3) if the state
73 did not apply for an eligible grant or funding opportunity, the reason
74 for not applying.

75 Sec. 8. Section 17b-260c of the general statutes is repealed. (*Effective*
76 *from passage*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-1041(b)(4)
Sec. 2	<i>from passage</i>	38a-1041
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	Repealer section